

EXHIBIT 45

Part II

Freitag charles

ID:

57yr in lb

Med:

Location:

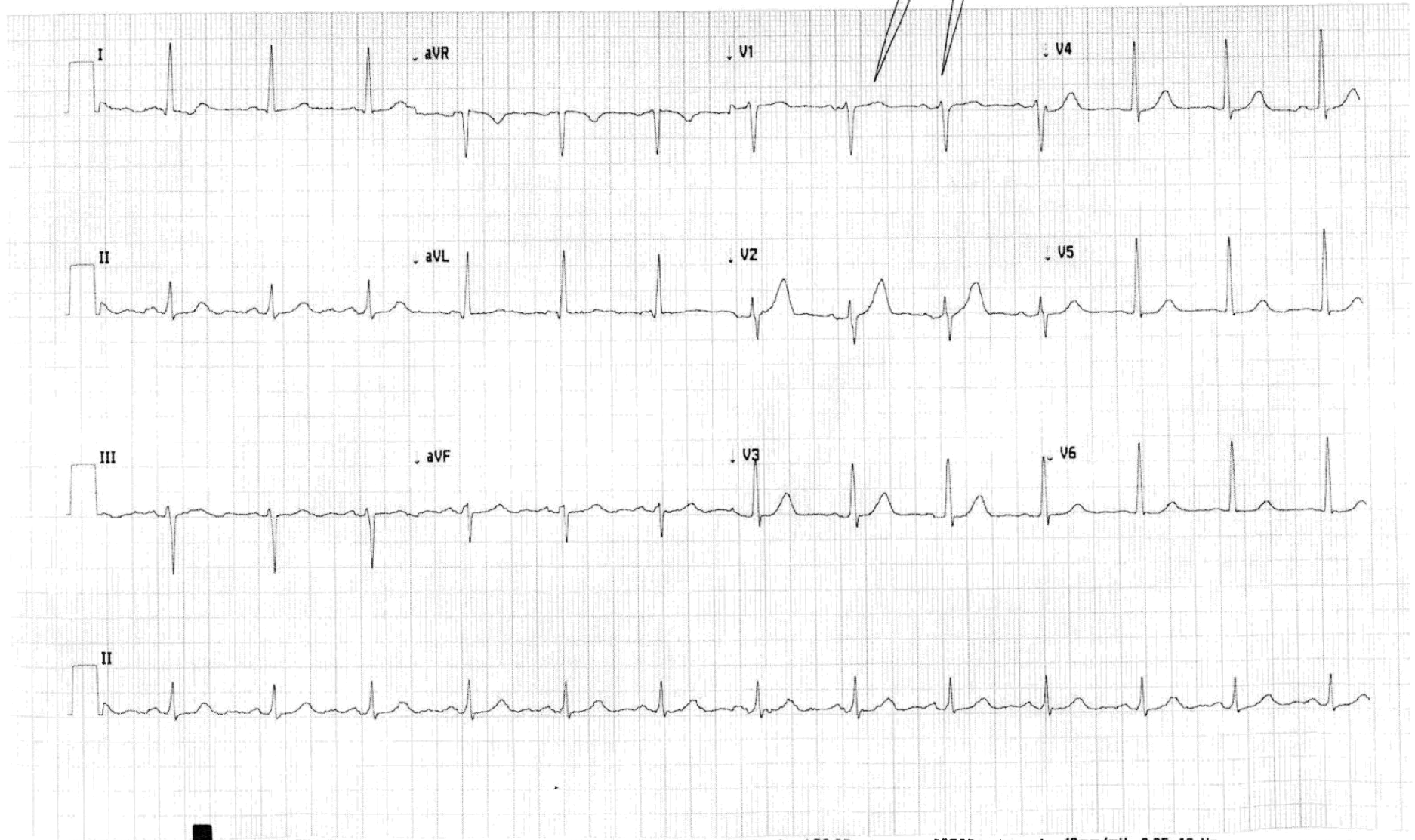
9-Jun-2018 7:06:37

Vent rate: 78 BPM
PR int: 169 ms
QRS dur: 94 ms
QT/QTc: 382/416 ms
P-R-T axes: 70 -9 51
Avg RR: 761 ms
QTcB: 437 ms
QTcF: 418 ms

SINUS RHYTHM
POSSIBLE LEFT VENTRICULAR HYPERTROPHY (VOLTAGE CRITERIA PLUS LAE OR QRS WIDENING)
ABNORMAL ECG

UNCONFIRMED REPORT

[Handwritten signature]
6/13/18



104060785163

PrimeCare Site 82

Site # 0 Cart # 0 Version 1.30.09 Sequence #08024 25mm/s 10mm/mV 0.05-40 Hz

9100-026-50

PCM00055

JA0000459

Freitag, Charles
ID: 125635

57yr in lb

Med:
Location:

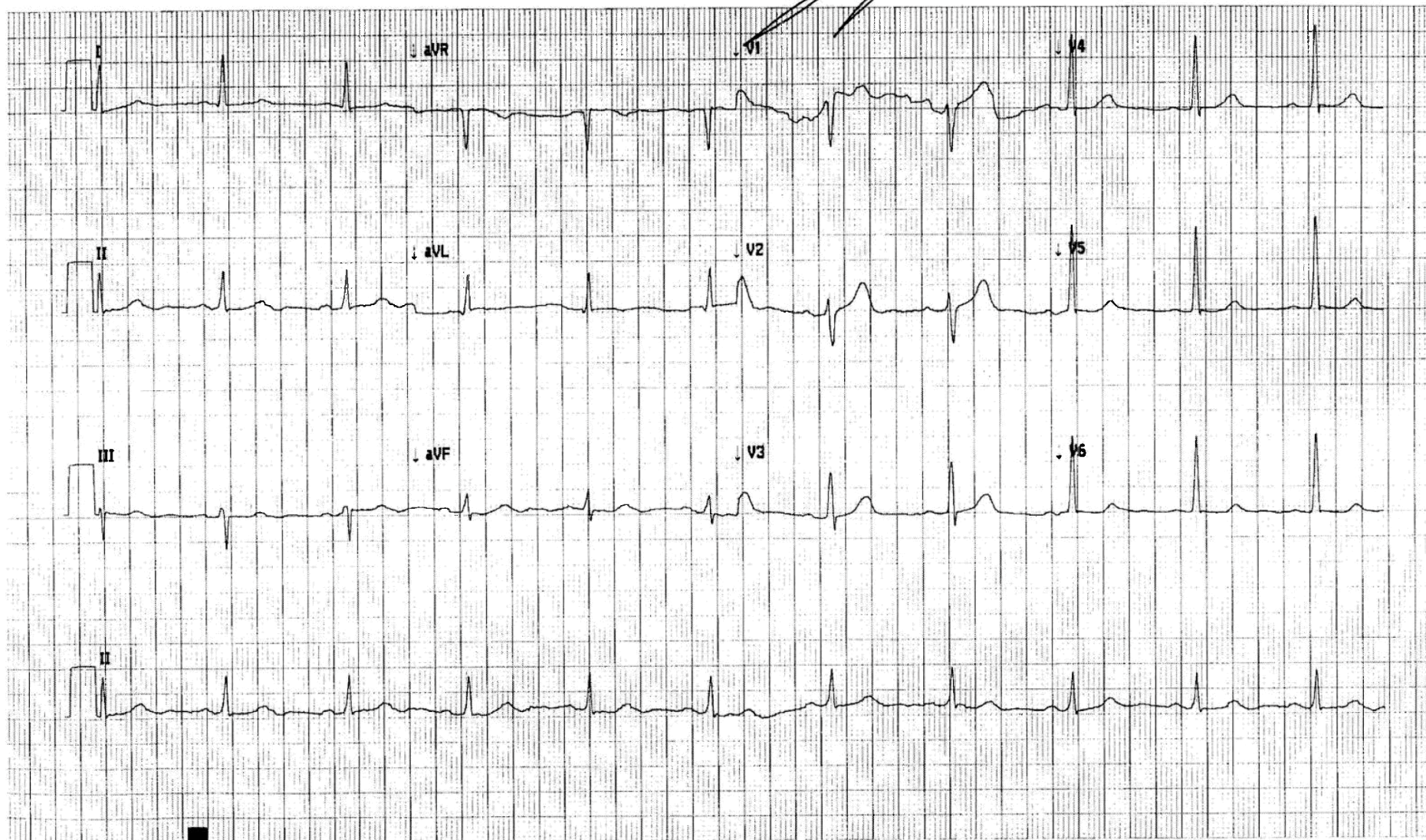
8-Jul-2018 7:11:29

Vent rate: 63 BPM
PR int: 181 ms
QRS dur: 98 ms
QT/QTc: 412/420 ms
P-R-T axes: 71 8 63
Avg RR: 943 ms
QTcB: 424 ms
QTcF: 420 ms

SINUS RHYTHM
NONSPECIFIC T WAVE ABNORMALITY
ABNORMAL ECG

UNCONFIRMED REPORT

[Handwritten signature]
7/9/18



104060785163

PrimeCare Site 82

Site # 0 Cart # 0 Version 1.30.09 Sequence #08148 25mm/s 10mm/mV 0.05-40 Hz

9100-026-50

PCM00056

JA0000460

**Emergency
Flow Sheet**

JMS ID: 125635
 DOB: 08/31/1960
 Age: 59
 Agency: county
 Approval: ☒ Approved - 08/29/2018 1521

Location: [OUT]
 Ethnicity: -
 Interviewer: RN, ADON Grous, Samantha (08/25/2018 1147)

**CHARLES
 JOSEPH
 FREITAG
 #2018003096**

Date and Time of Incident:		08/25/2018 1057
Location of Incident:	B Module, 3 Cell	
Medical Staff Responding:	KHill, LPN, SG, RN, DB, RN, ES, LPN	
Correctional Staff present:	Lt Bahlaj, CO Andreason, CO Gresko	
Event that occurred:	<p>Medical Emergency called. Pt found hunched over his bed, on his knees, facing toward the wall. Pt unresponsive. Writer and KH, LPN lowered pt to the floor. 911 called immediately by security.</p> <p>LAC and RAC cut wide open (both the size of a quarter), deep enough that his antecubus appeared hollow inside. Deep laceration also noted to RFA. All lacerations covered w/ gauze and pressure applied. Large pools of blood in several areas of cell and large amount of blood on several walls of cell. Large clots of blood and what appeared to be human tendons/arteries strewn about cell. No breathing observed. Unable to auscultate heart sounds or feel palpable pulse.</p> <p>Chest compressions initiated by Lt Bahlaj at approx 1105 and continued CPR w/ KH, LPN. AED applied at approx 1110 but would not advise shocks. CPR continued and AED kept attempting to read pt. 911 arrived at approx 1120 and took over CPR.</p>	
Nature and location of any injuries:	see above	
Mental Status:	<input type="checkbox"/> Alert <input type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Lethargic <input type="checkbox"/> Responding to verbal stimuli <input type="checkbox"/> Responding to painful stimuli <input checked="" type="checkbox"/> Unresponsive	
Treatment rendered:	<input type="checkbox"/> Backboard <input type="checkbox"/> Cervical Collar <input type="checkbox"/> Oxygen - via details in notes <input type="checkbox"/> Splints - what kind? <input type="checkbox"/> Suction <input type="checkbox"/> Dressing <input type="checkbox"/> Direct Pressure <input checked="" type="checkbox"/> Other - Please describe	see above
Was the emergency drug box used? Give details	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Vital Signs

Accu Check:		
Vitals:	<p>Blood Pressure <input type="text"/> sys <input type="text"/> dia</p> <p>Pulse <input type="text"/> beats per min</p> <p>Respirations <input type="text"/> breaths per min</p> <p>Temperature <input type="text"/> °F</p> <p>Weight <input type="text"/> lbs</p> <p>Height <input type="text"/> 6ft 0in <input type="button" value="v"/> BMI: - - -</p> <p>SPO2 <input type="text"/> %</p>	unable to obtain.
Pupils:	Round, nonreactive to light.	
Was CPR initiated? If YES, provide time it was started.	<input checked="" type="radio"/> Yes	see above

	<input type="radio"/> No	
Compressions performed by?	Lt Bahlaj	
Ventilations performed by?	KH LPN	
Was an AED applied? If YES, provide time it was applied.	<input checked="" type="radio"/> Yes <input type="radio"/> No	see above
Shocks advised?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Final Disposition		
Time patient was sent to Medical:	sent to ER	
Via:	<input type="radio"/> Wheelchair <input type="radio"/> Litter <input type="radio"/> Other - Please specify	
Was 911 Called? If YES, provide time called.	<input checked="" type="radio"/> Yes <input type="radio"/> No	~1059 (upon nursing arrival to cell)
Ambulance arrived at what time?	see above	
Did the patient remain on the block?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Additional Notes:	HSA, Dr. Gessner, J Mahoney, and T. Haskins made aware of incident.	

Screenings for Infections

Enhanced Health Promotion and Screening values the health of all patients enrolled. Screening for such infections listed below can help you lead a more productive lifestyle. The Expanded Health Promotion and Screening program has been designed to screen, detect, and treat some of the infections listed below.

- TUBERCULOSIS:** can cause infections in the lung, bone, brain, or other organs. It can be contagious but is very treatable if detected early. If your personal history suggests an increased risk of tuberculosis, your healthcare provider may recommend a screening test involving either a small injection under the skin (PPD) or a blood test.

- SEXUALLY TRANSMITTED AND BLOODBORNE DISEASES:** These conditions can be passed from one person to another through unprotected sex (vaginal, anal, or oral), blood/organ donation, sharing needles, pregnancy and breastfeeding. The only way to know if you have any STDs and Bloodborne diseases is to be tested. Early detection helps to manage the disease and prevent complications.

- Sexually Transmitted Diseases (STDs):** All sexually transmitted diseases are treatable and most can be cured. In some instances early treatment can help prevent complications. STDs can be passed from one person to another through unprotected sex (vaginal, anal, or oral)

- For example, early treatment of Chlamydia can help prevent infertility in women.

- Your healthcare provider can recommend periodic screening using blood, urine, or other specimens if you have had unprotected sex or have a new sexual partner

- HIV/AIDS:** HIV infection is a serious health concern. The Centers for Disease Control and Prevention, as well as the Pennsylvania Department of Health recommend HIV testing for everyone.

- Meaning of test results:** A positive test result indicates that your specimen contains HIV antibodies. Their presence indicates infection with HIV along with the potential to transmit HIV to others. You should take steps to prevent passing the virus to others by using condoms every time you have sex, not donating blood and organs, and not sharing needles or works. You will be counseled regarding your result. A negative test indicates that your specimen contains no HIV antibodies. You should take steps to protect yourself by using condoms every time you have sex and avoiding contact with blood and not sharing needles or sharing works.

- Possible limitations of your result:** False positive result (antibodies present in the absence of disease); False negative result (no antibodies present, but infected with HIV). Both of these are rare. If you have had sex without a condom or shared needles in the last six months you should have a follow-up HIV test in 3-6 months.

- Hepatitis B and C:** These diseases are caused by viruses spread via contact with blood and sometimes by sex or from mother to child and can cause liver inflammation (hepatitis) or scarring (cirrhosis). Hepatitis C can be passed from one person to another through sharing needles or works. If your personal history suggest an increased risk of hepatitis B or C your healthcare provider may recommend a blood test. Treatments and vaccinations are available to help prevent liver damage.

Health Education & Promotion

- Methicillin Resistant *Staphylococcus Aureus* (MRSA) screening:** The MRSA bacteria may be found on the skin and in the nose of healthy persons and have become resistant to first-line antibiotic therapy. The MRSA screening is used to identify the presence of these resistant bacteria.

- Oral hygiene:** It is important to keep your teeth and gums healthy to prevent dental problems, such as dental caries, gingivitis and bad mouth. As part of dental care program, you will be given information about proper oral hygiene for your teeth and/or dentures.

- Smoking and health:** Smoking negatively affects almost every organ of your body. It attributes to cardiovascular/respiratory diseases, cancers, and other adverse health conditions. Several studies have documented an adverse relationship between smoking and health. You will be given information and assistance to help you quit smoking.

- Seasonal flu/Swine flu:** Seasonal human influenza is a contagious respiratory disease caused by type A & B influenza viruses, which can result in mild or severe illness. The swine flu is a respiratory disease of pigs caused by type A influenza viruses and can infect human beings. There are four types of swine viruses, but the H1N1 is the most common one. You may be given flu shots to protect you against flu viruses, based on your health status and CDC's recommendations.

- Suicide Screening:** Suicide is one of the leading causes of death in the United States. Attempted suicide can result in expensive emergency medical care and great loss to families and relatives. You will receive suicide screening to discover any warning signs of suicidal attempts you may have sought. Early detection will be an opportunity to provide you with timely appropriate medical and psychological interventions.

- Cervical cancer screening:** Women should begin cervical cancer screening at 21 years of age. Your testing interval schedule may depend on your age, health history and the type of testing provided.



- What is Enhanced Health Promotion and Screening (EHPS)?

The Enhanced Health Promotion and Screenings Program provides patients with an expanded opportunity for health promotion and routine prevention screenings. These screenings are designed for health maintenance and prevention of disease.

- What can I expect during my medical intake today?

During your visit you will be given an opportunity to get started with several routine prevention screenings/services and if applicable, scheduling/referral for follow-up to complete recommended screenings through primary care.

- What else is offered through the EHPS program?

If indicated by results of screenings, the EHPS program will refer you on discharge to intake case management, partner services, and facilitation of linkage to health insurance (including but not limited to Medicaid, AIDS Drug Assistance Program, ADAP) and other health-care services.

- Where can I find follow up care for future prevention testing after discharge?

A leaflet within this brochure includes community health clinics within your county.

Enhanced Health Promotion and Screenings (EHPS) at Admission

Prevention Health Care: A Guide to Staying Healthy



This EHPS brochure provides information on important prevention and screening tests you may need throughout your lifespan;

- Some of the screening tests listed inside this brochure are routinely offered to all patients as part of the standard of care at this healthcare facility and will be initiated today or you may be referred to have them done later by a participating primary care physician, or community health center
- Our healthcare providers will check with you to see if you have any concerns and document any screenings or referrals you may wish to opt-out of.
- If you test positive for various conditions but have no health insurance (or are underinsured) or have other needs, the EHPS program will refer you to participating providers and/or case managers who will assess and address needs you may have for enablers of linkage and retention-in-care, including transportation, housing, and health insurance.

Medical Record Number: _____

Date: _____

Required Provider Documentation

Patient has reviewed recommended screenings offered in this brochure and understands that Enhanced Health Promotion and Screening services routinely offered at this clinic will be done today: referral/opportunities for primary care, health insurance & cancer screening; initiation of HIV testing; & referrals to case management & prevention.

Patient Initials: _____ Healthcare provider Initials: _____

Required Provider Documentation:

If Declined: This document is that patient has declined EHPS services routinely offered that are listed in this section. Screening may be reoffered in one year or sooner if clinically indicated.

Patient Initials: _____ Healthcare provider Initials: _____

Family Planning

Doylestown WIC Clinic**Nutritional Information, Healthy Food Choices**

1282 Almshouse Road

Doylestown, PA 18901

215-345-3494

Every Tuesday & Friday 9am-4pm

Bucks County Department of Health**STD Clinic, HIV Testing & Counseling**

1282 Almshouse Road

Doylestown, PA 18901

215-345-3344

Every Thursday 9am-3pm by appointment

7321 New Falls Road

Levittown, PA 19055

267-580-3533

Every Tuesday 9am-3pm by appointment

Reproductive Health – Planned Parenthood**Pregnancy tests, Gynecological exams, Contraception, Counseling & Referrals,****STD screening & treatment**

301 S. Main Street, Ste. 2E

Doylestown, PA 18901

215-348-0555

Mon 9am – 6pm; Tues 12pm – 7pm; Wed 11:30am – 7pm; Thurs 9am – 5pm

Cancer Screening – Women's Diagnostic Center of Doylestown HospitalDoylestown Hospital Main Lobby Atrium, 2nd Fl.

595 W. State Street

Doylestown, PA 18901

215-345-2274

Mon – Thurs 7am – 8pm; Fri 7am – 5pm; 2nd & 4th Sat of each month 7:30am – 4pm**Free Clinic of Doylestown – Ann Silverman Community Health Clinic**

Doylestown Hospital

595 W. State Street

Doylestown, PA 18901

215-345-2260

Mon – Fri 9am – 4pm

This document has been explained to me and I have been provided with a copy for reference.

Patient Name:

X CHARLES J. FRETTA

ID#:

Patient Signature:

X Charles J. Fretta

DEATH Patient died on: Aug 25, 2018

CHARLES JOSEPH FREITAG

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male
 DOB: 08/31/1960 (Age 59)
 Height: 6ft 0in
 Weight: 172 lbs
 BMI: 23.3
 SSN: 195-48-0717
 Agency: county
 Location: [OUT]
 JMS ID: 125635
 Allergies:
 NKMA

Forms
 Intake (8)

Booking #2018003096 (Book-in: 06/04/2018 1428) (Release: 08/25/2018 1435) **Hide Intake Forms** Launch PCM Portal

Form Name	Status	Last Completed	Approval Status	Actions
0. Influenza and Infection Control Surveillance (Updated 10-17-14)	Completed on 06/04/2018 1516	06/04/2018 1516	N/A	
0. Rapid Receiving/Health Assessment Form	Not started	-	N/A	
1. Vital Signs / PPD / RPR	Completed on 06/06/2018 0806	06/06/2018 0806	N/A	
2. Intake Suicide Screening	Completed on 06/04/2018 1518	06/04/2018 1518	N/A	
3. Receiving Screening (Updated Apr 2013)	Completed on 06/04/2018 1527	06/04/2018 1527	N/A	
4. Clearance for Work / Activities	Not started	-	N/A	
5. Physical Form - 14 Day	Completed on 06/05/2018 0914	06/05/2018 0914	Approved 06/06/2018 1108	
6. Medication Verification Form - Medical	Completed on 06/04/2018 1529	06/04/2018 1529	N/A	
6b. Medication Verification Form - Mental Health	Completed on 06/04/2018 1529	06/04/2018 1529	N/A	
7a. Mental Health Screen for Men	Completed on 06/04/2018 1519	06/04/2018 1519	N/A	
7b. Mental Health Screen for Women	Not started	-	N/A	










Available Forms

Form Name	Actions
0. Influenza and Infection Control Surveillance (Updated 10-17-14)	
0. Rapid Receiving/Health Assessment Form	
1. Vital Signs / PPD / RPR	
2. Intake Suicide Screening	
Intake Suicide Screening	
3. Receiving Screening (Updated Apr 2013)	
4. Clearance for Work / Activities	
6. Medication Verification Form - Medical	
Verify Meds	
6b. Medication Verification Form - Mental Health	
Verify Meds	
7a. Mental Health Screen for Men	
7b. Mental Health Screen for Women	
Abdominal Complaints/Pain (Updated March 2014)	
Nursing assessment of abdominal complaints/pain	
Chest Pain (Updated March 2014)	
Nursing assessment of complaint of chest pain	
Constipation (Updated March 2014)	
Nursing assessment of abdominal complaints/pain	

Cough (Updated March 2014) Nursing assessment of complaint of cough
COWS / CIWA (Ar) / CIWA (B) 1-3-2020
DOJ - Contact Isolation Prefilled out MRSA form
DOJ - Suicide Precautions DOJ Suicide Precautions
Ear Complaints/Pain (Updated March 2014)
Emergency Flow Sheet
Epistaxis (Updated March 2014)
ER/Consult/Hospital Return
Eye Complaints/Pain (Updated March 2014)
Facial/Dental Pain (Updated March 2014) Nursing Assessment for facial/dental pain
Genito-Urinary Complaints/Female (Updated March 2014) Nursing assessment of complaint of genito-urinary complaints/female
Genito-Urinary Complaints/Male (Updated March 2014)
Genito-Urinary / Male Nursing Assessment
Headache (Updated March 2014) Nursing assessment of complaint of headache
Hospital Status Update
Hunger Strikes Nursing Protocol form for Hunger Strikes
Hypertension Nursing Protocol form for Hypertension
Influenza Like-Illness Screening (Updated March 2014)
Inmate Employment Clearance Form
INS Treatment Authorization Request
Long Term Care Protocol
Medical Diet Order Form
Medical Incident / Injury Report
Medical Restriction Form DOJ
Medical Restriction Form - Suicide Watch Status
Medication Verification Form Verify Meds
Mental Health Referral
MRSA Data Collection Form (Updated Oct 2013)
MRSA Orders (Updated Oct 2013)
Musculoskeletal Complaints/Pain (Updated March 2014) Nursing assessment of complaint of Musculoskeletal Complaints/Pain
NSC-PREA Allegation Assessment 1-3-2020
Pregnancy - 18-20 Week Checkup
Pregnancy - Initial Exam (Updated Oct 2013) Initial Exam After Pregnancy has been Confirmed
Pregnancy - Regular Checkup (Updated Oct 2013)
Radiology Request
Rectal/Perianal Complaints (Updated March 2014) Nursing assessment of complaint of rectal/perianal complaints
Segregated Patient Screening Screening form for Seg.
Seizure/Neurological Complaints (Updated March 2014) Nursing assessment of complaint of seizure/neurological complaints
Skin Lesions/Rashes (Updated March 2014) For skin lesions/Rashes
Skin Wounds/Burns (Updated March 2014)
SOB/Wheezing (Updated March 2014) Nursing assessment of complaint of upper respiratory complaints
Telephone / Verbal Order Form (Medical)
Telephone / Verbal Order Form (Mental Health) Telephone / Verbal Order

Telephone / Verbal Orders (Dental) Telephone / Verbal Order
Upper Respiratory Complaints (Updated March 2014) Nursing assessment of complaint of upper respiratory complaints
Urine Dip Results
Use of Force / Restraint Follow-up 1-3-2020

Form Records

Form Name	Last Modified	Approval Status	Actions
 Emergency Flow Sheet	08/25/2018 1147 RN, ADON Grous, Samantha	✓ Approved 08/29/2018 1521	
 1. Vital Signs / PPD / RPR	06/06/2018 0806 Smith, LPN, Kyrie	N/A	
 Telephone / Verbal Order Form (Medical)	06/05/2018 0558 LPN Spier, LPN, Natasha	✓ Approved 06/06/2018 1108	
 6b. Medication Verification Form - Mental Health	06/04/2018 1529 RN Sariego, RN, Jennifer	N/A	
 6. Medication Verification Form - Medical	06/04/2018 1529 RN Sariego, RN, Jennifer	N/A	
 3. Receiving Screening (Updated Apr 2013)	06/04/2018 1527 RN Sariego, RN, Jennifer	N/A	
 7a. Mental Health Screen for Men	06/04/2018 1519 RN Sariego, RN, Jennifer	N/A	
 2. Intake Suicide Screening	06/04/2018 1518 RN Sariego, RN, Jennifer	N/A	
 0. Influenza and Infection Control Surveillance (Updated 10-17-14)	06/04/2018 1516 RN Sariego, RN, Jennifer	N/A	

Available Forms

Form Name	Actions
Discharge Summary / Release Information	
Transfer of Health Information	
USM Federal Prisoner/ Alien in Transit Transfer report including problems, TB test results, medications, transportation needs	





Form Records

No saved forms.

Available Forms

Form Name	Actions
Abnormal Involuntary Movement Scale (AIMS)	
Assesment - Juvenile / Elderly <17 / 60+	
Dental History - Examination record of basic dental status and treatment	
General Sick Call - Objective This form is SOAP charting form	
Group Progress Notes Short note form for documenting inmate participation in group	
Mental Health Intake - ver. 1.1 Mental Health Intake - History and Assessment	
Mental Status Exam 1.1	
Suicide Risk Assessment 1.1	

Form Records

Form Name	Last Modified	Approval Status	Actions
 Mental Status Exam-OLD	07/31/2018 1514 LPC James, LPC, Avia	N/A	
 Suicide Risk Assessment-OLD	06/06/2018 0819 LPC James, LPC, Avia	N/A	
 Suicide Risk Assessment-OLD	06/05/2018 0935 Mahoney, Psy.D., Jessica	N/A	
 Mental Health Intake - ver. 1.0-OLD	06/05/2018 0932 Mahoney, Psy.D., Jessica	N/A	

Available Forms

Form Name	Actions
Consultation Appointment/ Emergency Room Referral	
Family Planning	
Mental Health Complaints	
Nursing assessment of complaint of mental health	
Refusal of Medication and Treatment Form	
Document verifying an inmate's refusal to receive a specific medication or treatment	

Form Records

No saved forms.

Available Forms

Form Name	Actions
General Sick Call - Subjective	
This form is SOAP charting form	
Subjective Interview	




Form Records

No saved forms.

Available Forms

Form Name	Actions
5. Physical Form - 14 Day	
This form is 14 Day Physical form to be completed by the RN/PA/MD	
CCC - Asthma (2018)	
CCC - Cardiac (2018)	
CCC - Diabetes (2018)	
CCC - HIV/AIDS-(2018)	
CCC - Neuro (2018)	
CCC - TB (2018)	
CCC -Thyroid (2018)	
CCC Anticoagulant (2018)	
CCC Juvenile/Elderly (2018)	
CCC Medical/Misc(2018)	
CCC Sickle Cell Disease (2018)	
CCC-ALL (2019)	
CCC-Bipolar and Related Disorders 2019	
CCC-Depressive Disorders 2019	
CCC-HCV-(2018)	
CCC-Pregnancy (4/2019)	
CCC-Schizophrenia Spectrum and Other Psychotic Disorders 2019	
Patient Follow up Sheet - New Form	
PCM Annual History & Physical Form	
This form is PCM Annual History & Physical Form to be completed by the RN/PA/MD	

Form Records

Form Name	Last Modified	Approval Status	Actions
 CCC - Cardiac (2018)	07/05/2018 1055 Longacre, PA, Molly	N/A	
 5. Physical Form - 14 Day	06/05/2018 0914 Hughes, PA, Megan	 Approved 06/06/2018 1108	

Available Forms

No forms

Form Records

No saved forms.

Available Forms

Form Name	Actions
Restraint Flow Sheet 1-3-2020	
Wound Flow 1-3-2020	

Form Records

No saved forms.

DEATH Patient died on: **Aug 25, 2018**

CHARLES JOSEPH FREITAG

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male
DOB: 08/31/1960 (Age 59)
Height: 6ft 0in
Weight: 172 lbs
BMI: 23.3
SSN: 195-48-0717
Agency: county
Location: [OUT]
JMS ID: 125635
Allergies:
NKMA

Flow Sheets
Hunger Strike

Hunger Strikes

No flow records to display.

DEATH Patient died on: **Aug 25, 2018**

CHARLES JOSEPH FREITAG

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male
DOB: 08/31/1960 (Age 59)
Height: 6ft 0in
Weight: 172 lbs
BMI: 23.3
SSN: 195-48-0717
Agency: county
Location: [OUT]
JMS ID: 125635
Allergies:
NKMA

Medication
Immunizations

Immunizations



Center For Disease Detection
 11603 Crosswinds Way, Ste 100 San Antonio, Tx 78233
 Phone: 888-858-8663 Website: www.cddmedical.com
 CLIA#: 45D0660475
 Laboratory Director: Dr. Dean Skelley

12512
 BUCKS COUNTY CORRECTIONAL FACILITY
 ATTN: MEDICAL UNIT
 1730 SOUTH EASTON ROAD
 DOYLESTOWN, PA 18901

PATIENT INFORMATION

NAME: FREITAG, CHARLES
 PATIENT ID#: 2018003096
 ACCESSION #: 012512060067
 DOB: 08/31/60

SPECIMEN INFORMATION

COLLECTED: 06/04/18
 RECEIVED: 06/07/18
 REPORTED: 06/07/18
 COLLECTED BY: Alynn Zernhelt
 PERFORMING LAB: CDD

TEST PERFORMED	IN RANGE	OUT OF RANGE	REF. RANGE
Amplified CT - Urine	Negative		Negative
Amplified GC - Urine	Negative		Negative

Comment: Positive nucleic acid amplification tests for CT (Chlamydia trachomatis) and/or GC (Neisseria gonorrhoeae) that utilize the Polymerase Chain Reaction (PCR) are considered presumptive evidence of infection. A negative result does not completely exclude infection. All PCR results are dependent on the absence of interfering substances, a detectable number of organisms, and an appropriate specimen. Clinical correlation is required with PCR testing as the likelihood that a positive result represents a true infection decreases in very low-prevalence low-risk populations. The CT/GC test has not been evaluated in patients younger than 14 years of age.

METHODOLOGY: Polymerase Chain Reaction (PCR) and nucleic acid hybridization

This information has been disclosed to you from confidential records which are protected by law. Privacy laws prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or otherwise permitted by law. Any unauthorized further disclosure in violation of the law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is not, except in limited circumstances set forth in this part, sufficient authorization for further disclosure.

This document contains private and confidential health information protected by state and federal law. If you have received this document in error, please call the Compliance Officer for CDD at (210)590-3033 Ext 206 or e-mail disclosure@cddmedical.com

Victoria Gessner, M.D.

JUN 11 2018

PCM00069

JA0000473

BioReference

LABORATORIES
an **ORCA** Health Company

FINAL REPORT

PHYSICIAN
GESSNER, VICTORIA
BUCKS COUNTY CORR.FAC.
1730 SOUTH EASTON RD
Doylestown, PA 18901
Acct #: (P3982-8) 01
P: (215) 345-3869

PATIENT
FREITAG, CHARLES
DOB: 08/31/1960 Age: 57 Y Sex: M
ID: 125635
Address:
P:

SAMPLE
Specimen ID: 109859972
Date Of Report: 06/28/2018
Date Collected: 06/27/2018
Time Collected: 09:06
Date Received: 06/27/2018
Time Received: 23:33
North America Eastern Time

CLINICAL REPORT

CLINICAL ABNORMALITIES SUMMARY:

CO2 30 H
Non-HDL 130 H
Cholesterol LDL Cholesterol 109 H

NON FASTING

CHEMISTRY

Test	Result	Abnormal	Reference	Units	Ref Date	Prior Result	Date
Total Protein	7.5		5.9-8.4	g/dL	06/28/18		
Albumin	4.6		3.5-5.2	g/dL	06/28/18		
Globulin	2.9		1.7-3.7	g/dL	06/28/18		
A/G Ratio	1.6		1.1-2.9		06/28/18		
Glucose	95		70-99	mg/dL	06/28/18		
Sodium	144		135-147	mmol/L	06/28/18		
Potassium	5.2		3.5-5.5	mmol/L	06/28/18		
Chloride	100		96-108	mmol/L	06/28/18		
CO2		30 H	22-29	mmol/L	06/28/18		
BUN	10		6-20	mg/dL	06/28/18		
Creatinine	0.73		0.67-1.31	mg/dL	06/28/18		
e-GFR	103		>or=60	mL/min	06/28/18		
e-GFR, African American	119		>or=60	mL/min	06/28/18		
BUN/Creat Ratio	13.7		10.0-28.0		06/28/18		
Calcium	10.0		8.6-10.4	mg/dL	06/28/18		
Bilirubin, Total	0.7		<1.2	mg/dL	06/28/18		
Alk Phos	73		40-156	U/L	06/28/18		
AST	13		<40	U/L	06/28/18		
ALT	11		<41	U/L	06/28/18		

CARDIOVASCULAR / LIPIDS

Test	Result	Abnormal	Reference	Units	Ref Date	Prior Result	Date
Cholesterol	177		<200	mg/dL	06/28/18		
Triglycerides	107		<150	mg/dL	06/28/18		
HDL CHOL., DIRECT	47		>40	mg/dL	06/28/18		
HDL as % of Cholesterol	27		>14	%	06/28/18		
Evaluation: BELOW AVERAGE RISK							
Chol/HDL Ratio	3.8		<7.4		06/28/18		
Evaluation: BELOW AVERAGE RISK							
LDL/HDL Ratio	2.32		<3.56		06/28/18		
Non-HDL Cholesterol		130 H	<130	mg/dL	06/28/18		
LDL Cholesterol		109 H	<100	mg/dL	06/28/18		
VLDL, CALCULATED	21		7-32	mg/dL	06/28/18		

Handwritten signature and date: 6/28/18

BioReference

LABORATORY
an OPKO Health Company

FINAL REPORT

PHYSICIAN	GESSNER, VICTORIA BUCKS COUNTY CORR.FAC. 1730 SOUTH EASTON RD Doylestown, PA 18901 Acct #: (P3982-8) 01 P: (215) 345-3869	PATIENT	FREITAG, CHARLES DOB: 08/31/1960 Age: 57 Y Sex: M ID: 125635 Address: P:	SAMPLE	Specimen ID: 109859972 Date Of Report: 06/28/2018 Date Collected: 06/27/2018 Time Collected: 09:06 Date Received: 06/27/2018 Time Received: 23:33 North America Eastern Time

CLINICAL REPORT							
HEMATOLOGY							
Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
WBC	5.96		3.66-10.60	x10(3)/uL	06/28/18		
RBC	4.76		3.94-5.76	x10(6)/uL	06/28/18		
HGB	14.8		12.0-16.9	gm/dL	06/28/18		
HCT	46.3		34.6-49.6	%	06/28/18		
MCV	97.3		78.0-98.0	fL	06/28/18		
MCH	31.1		25.8-33.1	pg	06/28/18		
MCHC	32.0		31.7-35.3	gm/dL	06/28/18		
RDW	13.8		12.2-15.3	%	06/28/18		
POLYS	59.3		34.9-75.3	%	06/28/18		
LYMPHS	26.3		14.0-51.8	%	06/28/18		
MONOS	9.4		4.5-12.2	%	06/28/18		
EOS	4.7		0.3-6.0	%	06/28/18		
BASOS	0.3		0.1-1.0	%	06/28/18		
IMMATURE GRANULOCYTES	0.0		0.0-1.0	%	06/28/18		
PLATELET COUNT	286		140-425	x10(3)/uL	06/28/18		
MPV	9.5		8.6-12.1	fL	06/28/18		
NOTE: New reference ranges for CBC with and without diff for adult males and females implemented 6-4-18.							
RISK FACTORS							
Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
TSH	3.320		0.178-4.530	uIU/mL	06/28/18		
URINALYSIS, ROUTINE(W/ MICRO	TNP				06/28/18		
TEST NOT PERFORMED; URINE URINALYSIS TUBE - YELLOW NOT RECEIVED.							

Final Report